

AF INSTITUTE FOR ADVANCED DISTRIBUTED LEARNING APPLICATION

TYPE OR print clearly. Fill out in accordance with instructions with the PA Wing Handout

1. COURSE NUMBER [][][][][][][]		2. SOCIAL SECURITY ACCOUNT NUMBER [][][][][][][] - [][][][][][][]		3. UNIT CHARTER	
4. NAME (Last First Middle Initial)				5. CAP RANK	6. SQUADRON NO.
7. ADDRESS: (where course materials to be delivered)				8. HOME PHONE NUMBER	
				9. COURSE TITLE	
				10. SIGNATURE OF REQUESTER	
ZIP CODE [][][][][][][] - [][][][][][][]				DATE: [][][][][][][]	
11. SIGNATURE AND TITLE OF APPROVING OFFICIAL *SQUADRON LEVEL				12. SIGNATURE AND TITLE OF APPROVING OFFICIAL *GROUP LEVEL	
TITLE:				DATE:	
				DATE:	

PAWG Form 23

February 2001

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